

1U75U2U008

Attorney's Docket No.: 14219-061US1
Client's Ref.: P2002,0080USN

JT12 Rec'd PCT/PTO 21 JUL 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Michel Hartmut, et al. Art Unit : Not Yet Assigned
Serial No. : Not Yet Assigned Examiner : Not Yet Assigned
Filed : Herewith PCT Appln No.: PCT/DE03/00196
Title : ELECTRODES, THE PRODUCTION THEREOF AND CONDENSORS
CONTAINING SAID ELECTRODES

Mail Stop Box PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Prior to examination, please amend above-identified application as follows:

BEST AVAILABLE COPY

11/01/2004 AJOHNS01 00000001 061050 10502068

01 FC:1201 86.00 DA

CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail Label No. EL 965902437 US

July 21, 2004
Date of Deposit

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Dockets Number:

10/502068

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	Minus 20	= 4
Independent	5	Minus 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	=
Independent		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
XS 9=	
X43=	
+145=	
TOTAL	

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SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
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X43=	
+145=	
TOTAL	

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RATE	ADDITIONAL FEE
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X43=	
+145=	
TOTAL	

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RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

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